

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599532

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				1		
5				1		
6				1		
7			1			
8				2		
9				2		
10				2		
11				2		
12				1		
13				1		
14				2		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23			1			
24				1		
25				2		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		29	←	←	
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						